



# MOUNTAINEER FLEXIBLE BENEFITS

FBMC BENEFITS MANAGEMENT

## 2018 RETIREE REFERENCE GUIDE



**PUBLIC EMPLOYEES  
INSURANCE AGENCY**





*Jim Justice*  
*Governor of West Virginia*

February 22, 2017

Dear Retired State Employee:

Once again, it is time for this year's Mountaineer Flexible Benefits open enrollment sponsored by the Public Employees Insurance Agency. During the Mountaineer Flexible Benefits enrollment, you may select to enroll in dental, vision, hearing and legal plans. These benefits will begin on July 1, 2017 and continue through June 30, 2018. The open enrollment period begins April 2, 2017, and changes must be submitted by May 15, 2017.

I urge you to learn more about the benefits offered to you by attending one of the PEIA Benefit Fairs in your area. Enrollment Counselors will be on hand to answer any questions you may have regarding these plans. The Benefit Fairs run from April 5, 2017 through April 19, 2017. You can find a schedule guide on the back of this reference guide.

The State of West Virginia's goal is to provide quality benefits to its retirees and their families. Together, we can reach this goal with your participation. We strive to provide the best program options for our retirees and their families. I encourage you to learn more about this program and take advantage of your benefits.

Sincerely,

A handwritten signature in blue ink, reading "Jim Justice".

Jim Justice  
Governor

# Retiree Mountaineer Flexible Benefits Plan

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Welcome to your Retiree Mountaineer Flexible Benefits Plan. FBMC Benefits Management, Inc. (FBMC) administers this plan for PEIA. This reference guide will provide you with the benefits available to retirees and your dependents, as well as the enrollment process for the open enrollment period and new Retirees. Please note the following:

- **The Open Enrollment period for Plan Year 2018 is effective April 2 – May 15, 2017.**
- The dental rates for the Routine Plan and Assistance Plan are slightly increasing. Basic and Enhanced dental plans are remaining the same. See page 9 for new rates.
- Your Hearing benefit amount is now \$500 per ear device benefit per year. Your hearing plan premium slightly increased.
- If you are a currently enrolled retiree and you **do not** want to change your benefits for the new plan year, you **do not** have to complete an enrollment form.
- Retirees wanting to add or change benefits must complete an enrollment form in its entirety and return to FBMC by mail.
- Newly-eligible Retirees will have the month of and two months following from the date of their retirement to return the enrollment form. Benefits do not automatically rollover from active employment into retirement.
- Please keep the enclosed reference guide for use during the plan year.

## Benefits Directory

### **Delta Dental of West Virginia (Dental) Plan #01058**

*Customer Service*

Mon – Fri, 8 a.m. – 8 p.m. ET

1-800-932-0783

[www.deltadentalins.com](http://www.deltadentalins.com)

### **EPIC Hearing Service Plan (Hearing Benefits)**

*Customer Service*

Mon – Fri, 9 a.m. – 9 p.m. ET

1-866-956-5400

[www.epichearing.com](http://www.epichearing.com)

### **Hyatt Legal Plans, Inc. (Legal)**

*Client Service Center*

Mon – Fri, 8 a.m. – 7 p.m. ET

1-800-821-6400

[members.legalplans.com](http://members.legalplans.com)

### **MetLife Vision (Vision Benefits)**

*Customer Service*

Mon – Fri, 8 a.m. – 11 p.m. ET

Sat, 10 a.m. – 11 p.m. ET

Sun, 10 a.m. – 10 p.m. ET

1-855-638-7339 (855-MET-SEE9)

[mybenefits.metlife.com/westvirginia](http://mybenefits.metlife.com/westvirginia)

### **FBMC Benefits Management**

*FBMC Service Center*

Mon – Fri, 7 a.m. – 7 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

Please send the white copy of the form to:

FBMC Benefits Management, Inc.  
Retiree and Direct Bill Department  
P.O. Box 10789  
Tallahassee, Florida 32302-2789

# Completing Your Enrollment Form

**For Open Enrollment, you do not need to complete a Retiree Enrollment Form if you wish to keep your current benefits. Retirees wishing to elect or change coverage must complete the enrollment form.**

## Enrollment Form Section 1

Be sure to follow the instructions in this section.

## Enrollment Form Section 2

Complete all of your personal information.

## Enrollment Form Section 3

Mark each benefit and tier level you are selecting. Remember to complete all requested information for your benefits.

**Dental Care:** You may select one of the four Delta Dental plans, including: Routine Plan, Assistance Plan, Basic Plan or Enhanced Plan.

- Check the type of coverage you are choosing.
- If you are selecting 'Retiree & Children,' 'Retiree & Spouse,' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

**Vision Care:** You may choose either the Full Service Plan or the Exam Plus Plan, **but not both**. Check the type of coverage you are choosing. If you select 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

**Hearing Benefit:** If you are selecting 'Retiree Only,' 'Retiree & Children,' 'Retiree & Spouse' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

**Hyatt Legal Plan:** You must complete the dependent information in Section 4.

**Until deductions begin, payment by personal check or money order is required. A billing statement will be sent for your use until deductions begin from your retirement check.**

## Important Dates to Remember

### Flexible Benefits Plan Year:

July 1, 2017 – June 30, 2018

### Open Enrollment:

April 2, 2017 – May 15, 2017

**NOTE:** Your Retiree Open Enrollment Form must be **postmarked** by May 15, 2017.

## Enrollment Form Section 4

If you selected dependent coverage (child, spouse, family) for dental, vision, legal and/or hearing benefits, you must complete this section. This includes the dependents' names, relationship to you, birth dates and Social Security numbers. Send FBMC the white copy of the form and keep the yellow copy for your records.

**If your retirement date is after July 1, 2017, your Enrollment Form must be returned within 60 days of your retirement date. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly.**

## What's New?

- This is a Changes Only enrollment. If you do not make changes, your benefits will rollover and your premiums will be adjusted to reflect the new rates. To make changes, please resubmit a new enrollment form.
- The dental rates for the Routine Plan and Assistance Plan are slightly increasing. Basic and Enhanced dental plans are remaining the same. See page 9 for new rates.
- Your Hearing benefit allowance is now \$500 per ear per device during the plan year. Your hearing plan premium slightly increased.



# Eligibility Requirements

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## Who is Eligible?

An eligible retiree is a former employee, or the surviving spouse of a former employee, of the State of West Virginia, County Board of Education or any non-state agency who currently receives income under the WV Consolidated Public Retirement Board (CPRB) or is a participant in a TIAA-CREF retirement plan.

**Note for New Retirees: Benefits do not automatically rollover from active employment into retirement.**

## How to Enroll During the Plan Year (Outside of Open Enrollment)?

If you wish to enroll in vision, dental, legal or hearing coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form within 60 days of retiring. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly. If you do not enroll during this time, you must wait until the next open enrollment period to participate.

For more information, please contact FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

## Making Payments

- **State of West Virginia Retirement System Retirees**

Payment for vision, dental, legal and hearing benefits will be deducted from your West Virginia CPRB retirement check, unless premium costs are greater than the total amount of your check. In this instance, payment can be made directly by the use of a billing statement.

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**Until deductions begin, payment by personal check or money order is required. Full premium payment(s) must be paid by the due date specified. A billing statement will be sent for your use until deductions begin from your retirement check.**

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- **TIAA-CREF Retirees**

Payment by personal check or money order should be sent with the monthly billing statement supplied to you and must be paid by the due date specified.

# Changing Your Coverage

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It is important that you carefully consider your benefit elections during your initial enrollment as a retiree or during any annual open enrollment. Coverage you select will remain in effect the entire plan year, except under limited circumstances as described below.

## Changes to Coverage

Once you elect coverage, you may only change your coverage mid-plan-year due to marriage, divorce, birth or death. You may increase or decrease coverage only for the individual(s) involved. You may also decrease or cancel coverage if your spouse or a dependent becomes ineligible for coverage under your plan, or becomes eligible for coverage under another employer's plan, a state CHIP program or Medicare/Medicaid.

Coverage you cancel cannot be reinstated until the next annual open enrollment period.

## How do I make a change?

Contact FBMC with your change information. Any changes to your retiree benefits will require your written authorization.

**Premium changes will be promptly initiated after your request has been received and will become effective the first of the following month after receipt of all processable data. Changes will not be made retroactively.** However, if you are having premium payments deducted from your retirement check, any required refunds will be completed as soon as verification is received that your deduction has changed. Refunds are processed one time each month and are mailed no later than the 15th of the following month.

Please send your written requests for changes to:

**FBMC Benefits Management, Inc.**

**Attn: Retiree and Direct Bill Department**

**P.O. Box 10789**

**Tallahassee, Florida 32302-2789**

## What are the Plan's Rules for Governing Changes in Status?

1. **Loss of Dependent Eligibility** – If a change in your marital status involves a decrease or cessation of your spouse's or dependent's eligibility for coverage due to: your divorce or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. **Gain of Coverage Eligibility Under Another Employer's Plan** – If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage.

# Group Legal Plan

## A Deductible, Post-tax Benefit

Here's an affordable solution to help with your legal needs.

Finding an affordably-priced lawyer to represent you when you buy or sell your home or even prepare your will can be a challenge. Did you ever wish you could pick up the phone and call a lawyer for some quick advice? For just pennies a day, the Legal Plan gives you your own "attorney on retainer." The Legal Plan also covers full representation for many important personal legal services. There are no maximum coverage limitations, and you may use the plan for an unlimited number of personal legal matters.

### How do I use the plan?

When you face a situation that you think may have legal implications, simply pick up the phone and call 1-800-821-6400 Monday-Friday, 8 a.m. to 7 p.m. (Eastern Time). A knowledgeable client service representative will be available to assist you in locating a Plan Attorney near your home. Plan Attorneys are generally available to meet with you on weekdays, evenings and even Saturdays. Or, visit [members.legalplans.com](http://members.legalplans.com). If you're enrolled, click the "Members Click Here" tab on the left. If you have questions as you decide to enroll, use WVA (all capital letters) as your password.

### In or Out-of-Network?

Hyatt has more than 4,000 law firms in its nationwide network. When you use a Plan Attorney, covered legal services are provided at no additional attorney fees. Of course, you also have the flexibility to use a non-Plan Attorney and get reimbursed for covered services according to a set fee schedule. You will be responsible to pay the difference between the plan's payment and the Attorney's fees. It's completely your choice.

### Your Monthly Retiree Rates

Retiree & Family	\$15.50
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### What's covered?

- Living Wills
- Security Deposit Assistance
- Tax Audits
- Personal Injury Discounts
- Probate Discounts
- In-office Consultation & Telephone Advice with an attorney on virtually any personal legal matter
- Divorce & Separation (Available to the Plan Member only, not to a spouse or dependents)
- Wills and Codicils\* (see note)
- Identity Theft Defense
- Sale, Purchase of your Home
- Eviction Defense & Tenant Negotiations
- Juvenile Court Defense
- Traffic Ticket Defense (except DUI)
- Restoration of Driver's License
- Criminal Misdemeanor Defense
- Consumer Protection Matters
- Debt Collection Defense
- Uncontested Adoption
- Powers of Attorney
- Uncontested Guardianship
- Preparation of Deeds, Mortgages, Notes and Demand Letters
- Small Claims Assistance
- Affidavits
- Document review
- Elder Law matters
- Prenuptial agreement
- Immigration assistance

\* Preparing for the future may be the most important thing you'll ever do for your family. Estate planning can be complex, and may require tax planning. You may need assistance from an accountant or financial planner. If you do require tax planning, whether it's done by an accountant, a financial planner or your Plan Attorney, you are responsible for paying the portion of the fees charged for tax planning. The Legal Plan does not cover the tax planning necessary to decide what documents you need.

# Group Legal Plan

## A Deductible, Post-tax Benefit

### What's excluded?

- Excluded services are those legal services that are not provided under the plan. No services, not even a consultation, can be provided for the following matters:
  - Employment-related matters, including company or statutory benefits
  - Matters involving the company, MetLife and affiliates, and Plan Attorneys
  - Matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents
  - Appeals and class actions
  - Farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord
  - Patent, trademark and copyright matters
  - Costs or fines
  - Frivolous or unethical matters
  - Matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits

This is a brief summary of the Legal Plan. For definitions of covered services, visit Hyatt at **members.legalplans.com** or call 1-800-821-6400 and request a fact sheet.

Group Legal Plan offered by Hyatt Legal Plans, Inc., Cleveland, OH. In certain states, provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.



# Dental Plans

Strong, healthy teeth create beautiful smiles. To give your smile the care and attention it deserves, Delta Dental offers you the Routine, Assistance, Basic and Enhanced Indemnity dental care plans.

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPO<sup>SM</sup> networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

Delta Dental PPO dentists will accept the Delta Dental PPO Maximum Plan Allowance (MPA)\* or the dentist's fee – whichever is less (the PPO Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Delta Dental Premier dentists will accept the Delta Dental Premier MPA (a slightly higher MPA) or the dentist's total charge – whichever is less (Premier Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Non-participating dentists do not contract with Delta Dental to limit their costs. For services received from non-participating dentists, you are responsible for these dentists' total charges without limit by Delta Dental, including applicable copayments and deductibles. Delta Dental will reimburse you for its portion of the PPO Allowed Amount.

Your total out-of-pocket payment is lowest if you go to a PPO dentist, is more if you go to a Premier dentist, and likely will be highest if you go to a non-participating dentist. Please call Delta Dental to find a participating dentist in your area at **1-800-932-0783**, or visit **[www.deltadentalins.com](http://www.deltadentalins.com)**.

Participants who visit a dentist under the Delta Dental PPO network or the Delta Dental Premier network will receive the benefit of increased plan year maximums.

\* Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

This year, you may enroll in any of the following four dental programs:

## Routine Plan

The Routine plan is a discounted plan designed to cover diagnostic and preventive services only.

## Assistance Plan

The Assistance plan is a discounted open network, managed-cost dental plan that allows employees the freedom to choose any dentist for treatment, but they receive the greatest benefits when they visit a Delta Dental participating dentist.

## Basic Plan

The Basic plan is a low-cost plan designed to cover preventive and basic services only. Please look carefully at the plan descriptions in the chart before making your choice.

## Enhanced Plan

The Enhanced plan is the most comprehensive coverage offered with this program and covers preventive, basic and major restorative, orthodontic and TMJ services.

### Your Monthly Retiree Rates

#### Routine

Retiree Only	\$11.17
Retiree & Children	\$22.40
Retiree & Spouse	\$24.99
Retiree & Family	\$36.28

#### Dental Assistance

Retiree Only	\$12.07
Retiree & Children	\$24.20
Retiree & Spouse	\$27.00
Retiree & Family	\$39.19

#### Basic

Retiree Only	\$17.27
Retiree & Children	\$34.58
Retiree & Spouse	\$38.54
Retiree & Family	\$55.89

#### Enhanced

Retiree Only	\$28.72
Retiree & Children	\$57.44
Retiree & Spouse	\$66.70
Retiree & Family	\$95.28

# Dental Plans

## Partial List of Covered Services

Call Delta Dental for more information concerning your benefits, to view a list of exclusion or to request a claim form. Certificates of Coverage can be found at [www.myFBMC.com](http://www.myFBMC.com).

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
<b>DEDUCTIBLE (per person per plan year)</b>	No deductible	You pay \$25 (applies to all services) <sup>†</sup> \$75	You pay \$25 (applies to all services) <sup>†</sup> \$75	You pay \$50 (diagnostic, preventive & ortho are exempt) \$150
Maximum total family deductible				
<b>Plan year max (per person)</b>				
Delta Dental network dentist	\$500	\$750	\$750	\$1,250
Non-participating dentist	\$500	\$500	\$500	\$1,000
<b>OTHER MAXIMUMS</b>				
Ortho Lifetime Max.	N/A	N/A	N/A	\$1,000
TMJ Disorder	N/A	N/A	N/A	\$500
BENEFIT	PLAN PAYS	PLAN PAYS	PLAN PAYS	PLAN PAYS
<b>Diagnostic/Preventive Services***</b> Visits/Exams (twice in a plan year) - Routine cleaning (twice in a plan year) - Fluoride treatments (to age 19, twice in a plan year) - Bitewing X-rays (twice in a plan year) - Space maintainers (to age 14) - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	<b>100%</b>	<b>100%*</b>	<b>80%*</b>	<b>100%*</b>
<b>Basic Restorative</b> Amalgam ("silver") and composite ("white") on anterior teeth and the facial surface of bicuspids	<b>N/A</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
<b>Oral Surgery</b> - Extractions - Oral surgery procedures - General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries. Medical is primary for impactions.	<b>N/A</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
<b>Endodontics</b> - Pulpal therapy - Root canal therapy	<b>N/A</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>

# Dental Plans

## Partial List of Covered Services

Call Delta Dental for more information concerning your benefits, to view a list of exclusion or to request a claim form. Certificates of Coverage can be found at [www.myFBMC.com](http://www.myFBMC.com).

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
<b>Periodontics***</b> Treatment for gums and supporting structures	N/A	25%*	80%*	80%*
<b>Major Restorative**</b> - Inlays - Onlays - Crowns (crowns for natural teeth, not implants)	N/A	NOT COVERED	NOT COVERED	50%*
<b>Prosthodontic**</b> - Bridges - Full and partial dentures - Denture adjustments/relining	N/A	NOT COVERED	NOT COVERED	50%*
<b>Orthodontia**</b> For eligible dependent children to age 26, employees and spouses	N/A	NOT COVERED	NOT COVERED	50%*
<b>TMJ</b>	N/A	NOT COVERED	NOT COVERED	50%*

### Further Information

Eligible dependents include the retiree's spouse and dependent children to age 26.

See the chart on the previous page for a partial list of covered services. Call Delta Dental for more information concerning your benefits, to view a list of exclusions or to request a claim form. Certificates of Coverage can be found at [www.myfbmc.com](http://www.myfbmc.com).

**There are no I.D. cards distributed with these plans. All you need to tell your dentist is that you have Delta Dental and plan #01058. Submit claim forms to:**

**Delta Dental of West Virginia  
P.O. Box 2105  
Mechanicsburg, PA 17055-2105**

Customer Service: 1-800-932-0783  
TTY/TDD: 1-888-373-3582

### How to Print your ID Card

1. Go to [www.deltadentalins.com](http://www.deltadentalins.com)
2. Log in to Online Services with your username and password. (If you don't already have a username or password, click "**Register Today**" link to complete the quick registration process.)
3. Once you've logged in, click the "**Eligibility & Benefits**" tab.
4. Select "**Print ID Card**" on the left-hand side of the page. (If you do not see this option, in some instances you may also need to click on the "**Eligibility & Benefits**" link on the left-hand side of the page before you have the option to select "**Print an ID Card.**"
5. Click "**Print.**"

**NOTE:** The card is not required to obtain services.

† Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

\* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

\*\* Major Restorative, Prosthodontics, and Orthodontics require 6 month plan participation.

\*\*\* Enhanced benefits for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.

# Vision Plans

MetLife Vision Plan continues to be your vision plan provider. MetLife Vision offers you the Full Service or Exam Plus vision coverage plans to help pay for your eyecare needs.

You may choose to cover your family by selecting the “Employee & Family” rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

	FULL SERVICE VISION PLAN		EXAM PLUS VISION PLAN	
	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR
<b>Copayments<sup>†</sup></b> Exam Copay Exam Frequency Prescription Glasses	\$20 Once Per Year \$20	Covered up to \$35 allowance Once Per Year \$0	\$10 Once Per Year Not covered	Covered up to \$35 allowance Once Per Year Not covered
<b>Vision Examination (every plan year)</b>	Covered In Full after copay	\$35	Covered In Full after copay	\$35
<b>Lenses (every plan year)<sup>***</sup></b> Single Vision Lenses <sup>**</sup> Bifocal Lenses (including progressive lenses) <sup>**</sup> Trifocal Lenses Lenticular Lenses <sup>**</sup>	Covered In Full Covered In Full Covered In Full Covered In Full	\$25 \$40 \$55 \$80	20% savings at private practice locations only	Not covered
<b>Frames (every other plan year)</b> (Up to \$150 allowance)	Covered in full*	\$45	20% savings at private practice locations only	Not covered
<b>Contact Lenses<sup>**</sup></b> (in place of lenses & frames) Necessary Elective Fitting and evaluation	Covered in full*** \$150 allowance Services are covered in full once every plan year, after a maximum \$60.00 Copayment****	Exam & \$210 Exam & \$105 \$0	15% savings at private practice locations for Necessary only. Elective/ Fitting and evaluation for contact lenses are not covered.	Not covered
<b>Prescription Glasses Discount</b>	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife Vision Member Doctor.	- Single vision \$25 allowance - Lined bifocal \$40 allowance - Lined trifocal \$55 allowance - Lenticular \$80 allowance	20% - Discount will be applied to a MetLife Vision doctor's usual and customary fee for prescription glasses and spectacle lens options, such as scratch coating and anti-reflective coating.	NONE
<b>Prescription Contact Lenses Discount</b>	Standard or Premium fit covered in full with a copay not to exceed \$60	Applied to the allowance for contact lenses	15% savings at private practice locations only	Not covered
<b>Laser Vision Care Program Discount</b> Average 15 percent off the regular price or five percent off a promotional offer for laser surgery, including LASIK, Custom LASIK and PRK surgeries. This offer is only available at MetLife participating locations.	15%	NONE	15%	NONE

<sup>†</sup> Copayments apply in-network (MetLife Vision Member Doctor) at the time of service.

\* Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit a MetLife Vision member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost.

There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings.

\*\* Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.

\*\*\* There is a single materials Copayment of \$20 on lenses and frames or medically necessary contact lenses.

\*\*\*\* Fifteen percent discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

# Vision Plans

## Value-Added Benefit

**Diabetic Eyecare Program** – Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes.

## How To Use These Plans

**To obtain vision care benefits**, call a MetLife Vision member doctor, identify yourself as a MetLife Vision patient and make an appointment. The doctor's office will verify the patient's eligibility and plan coverage and obtain authorization from MetLife Vision. **There are no I.D. cards distributed with these plans.**

The doctor will explain any additional charges. After you pay your Copayment, the doctor will take care of all the paperwork.

If you prefer, you can visit a non-member doctor and pay the doctor's normal charges. Save your itemized receipt and mail it, along with the MetLife Vision Member Reimbursement Form, within six months of service date to:

### MetLife Vision Claims

**P.O. Box 385018**

**Birmingham, AL 35238-5018**

Claim forms with the correct address can be downloaded from [mybenefits.metlife.com/westvirginia](http://mybenefits.metlife.com/westvirginia). For more information, contact MetLife Vision's Customer Service Line at 1-855-638-7339 (855-MET-SEE9).

## Your Monthly Retiree Rates

### Full Service Plan

Retiree Only	\$6.67
Retiree & Family	\$16.97

### Exam Plus plan

Retiree Only	\$1.15
Retiree & Family	\$2.61

## MyBenefits – MetLife's Self-Service Website

Logging on to the MyBenefits:

1. Go to the MyBenefits website at [mybenefits.metlife.com/westvirginia](http://mybenefits.metlife.com/westvirginia)
2. Complete the Account sign-in process by entering your User Name and password or
3. If you are a first time user, click on the "Register Now" button
  - Provide your first name, last name, date of birth, Social Security number and email address
  - Create your own user name and password
  - Select three security questions and provide your answers, in the event you forget your user name or password in the future
4. Read and agree to the MyBenefits website's terms of use
5. You will see a "Thank You" page and a registration confirmation email will be sent to the email address you provided while registering.

## Find a participating eye care professional

1. Click on the Find a Vision Provider near you link at: [mybenefits.metlife.com/westvirginia](http://mybenefits.metlife.com/westvirginia)
2. Enter your zip code or address
3. Add additional information to refine your search for a vision provider
4. Select your plan: Full Service Vision or Exam Plus Vision Plan.

You can also call MetLife Vision at 1-855-MET-SEE9 (1-855-638-7339) for access to the 24/7 Interactive Voice Response system.

## Print a personalized Vision ID card

- **A Vision ID card is not required to obtain services**
  - Please note you will not be able to obtain an ID card until you are enrolled in the MetLife Vision Plan.
1. Click on Get My Vision ID card (located on right side of the landing page)
  2. Select the state where you reside
  3. The vision identification card will be displayed
  4. Using the printer icon located on top right of page – print your card



# Hearing Health Care

## Why have a Hearing Plan?

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Music, radio, television, movies, theater – all become less accessible and enjoyable without the benefit of hearing. And the loss of sounds like sirens and alarms can actually endanger your life.

Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. The EPIC Hearing Service Plan provides easy access to hearing health professionals – primarily physicians and audiologists who can help you achieve your maximum hearing potential throughout your life.

## EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better. The EPIC Hearing Plan's 5 Basic Steps to Good Hearing include:

1. **Pure Tone Hearing Test** - to determine if a hearing problem exists
2. **Functional Assessment** - to define the magnitude of the problem and the technology best suited to treat it
3. **Hearing Aid Evaluation** - to determine your ability to wear a hearing aid and select the best model and make
4. **Fitting and Programming** your hearing aid
5. **Therapy and Training** - to fine tune your device and maximize the benefits you receive.

## How the EPIC Plan Works

1. Call EPIC at 1-866-956-5400.
2. A hearing counselor will register you and assist in determining your healthcare needs.
3. You will receive a Hearing Service Plan booklet outlining all plan benefits, services and pricing.
4. A hearing counselor will coordinate a referral to a provider location near your home or work.
5. Contact the provider; follow through with an appointment, examination and treatment
6. EPIC will coordinate and manage the provider network, provider fee schedule, provider referral, customer service, account management and client reporting.
7. EPIC will assist you in coordinating any insurance benefits or coverages when applicable.
8. Contact EPIC at any time for assistance, advice or additional information at 1-866-956-5400.

## Your Monthly Retiree Rates

Retiree Only	\$1.96
Retiree & Children	\$2.88
Retiree & Spouse	\$3.89
Retiree & Family	\$4.80

## When to call EPIC

If you or a family member experience any of the following, you may have a hearing problem that could be helped by a hearing health professional:

- Difficulty understanding voices and words (especially those of women and children)
- Occasional ringing in one or both ears
- Itching in the ear canals
- Difficulty understanding in noisy situations
- Turning up the television volume to understand the dialogue

In addition, some more serious symptoms merit immediate attention by a physician.

- A sudden hearing loss
- Spinning and dizziness with vomiting
- Persistent ringing in one ear
- Blood or fluid draining from one or both ears
- Persistent pain in one or both ears

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO Policy Form #M-9091.

# Hearing Health Care

Feature	Benefit Amount	Frequency
<b>Examination</b> • Adults • Children	\$70 \$70	Adults: Once every 2 years Children: Once every year
<b>Hearing Aid Device</b> • Adults • Children	\$500 per ear device benefit \$500 per ear device benefit	Adults: Once every 5 years Children: Once every 2 years

## Summary of Additional Hearing Products at Discounted Prices\*

- Hearing Device Batteries - Discount battery program provides savings up to 40 percent off MSRP on name brand batteries. Orders are shipped direct with no shipping fees. EPIC will provide a one-year supply of batteries for any hearing aid(s) purchased in-network at the completion of the trial period.
- Custom Ear Protection
- Custom Swim Plugs
- Custom Musician Plugs
- Hearing Aid Cleaning Supplies
- Telephone Amplification
- Wireless TV Amplification
- Hearing Aid Compatible Cell Phones
- Assistive/Alerting Devices
- Product Warranties - EPIC provides an extended 3-year warranty on all hearing aid purchases at no additional cost to you.

**Call EPIC to order or for more information, 1-866-956-5400.**

\* These are discounted items and are not insured benefits.

# Beyond Your Benefits

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## Insurance Benefits

Health insurance benefits will be provided by the Health Insurance Plan(s). The types and amounts of health insurance benefits available under the Health Insurance Plan(s), the requirements for participating in the Health Insurance Plan(s) and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s). All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) and the rules, regulations, policies and procedures from time to time adopted.

## Notice of Administrator's Capacity

This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer's insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.

## Privacy Statement

As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on enrollment and related forms – for example, name, age, address, Social Security number, email address, annual income, health history, marital status and spousal and beneficiary information.
- Responses from you and others such as information relating to your employment and insurance coverage.
- Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
- Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

We maintain safeguards to ensure information security and are committed to preventing unauthorized access to personal information.

We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena, or to prevent fraud.

Note this Privacy Statement is not meant to be a Privacy Notice as defined by the Health Insurance Portability and Accountability Act (HIPPA). You may receive a Privacy Notice from your employer or from the providers of various health plans in which you enroll. You should read these statements carefully to assure you understand your rights under HIPPA.

# Notes

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# Notes

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# 2017 Benefit Fair Schedule

Date	Location	Time
Wednesday, <b>April 5</b>	Ramada Inn 20 Scott Avenue Morgantown, WV 26508	3 p.m. – 7 p.m.
Thursday, <b>April 6</b>	Holiday Inn 301 Foxcroft Avenue Martinsburg, WV 2540	3 p.m. – 7 p.m.
Tuesday <b>April 11</b>	Holiday Inn Express 100 Civic Center Drive Charleston, WV 25301	3 p.m. – 6 p.m.
Wednesday, <b>April 12</b>	Tamarack Conference Center 1 Tamarack Park Beckley, WV 25801	3 p.m. – 7 p.m.
Thursday,, <b>April 13</b>	Huntington Holiday Inn Express 800 3rd Ave	3 p.m. – 7 p.m.
Tuesday, <b>April 18</b>	Comfort Suites of Parkersburg 167 Elizabeth Pike Mineral Wells, WV 26150	3 p.m. – 7 p.m.
Wednesday, <b>April 19</b>	WV Northern Community College 1704 Market Street Wheeling, WV 26003	3 p.m. – 7 p.m.

## **FBMC** **BENEFITS MANAGEMENT**

Contract Administrator  
FBMC Benefits Management, Inc.  
P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Service Center 1-844-55-WVA4U (1-844-559-8248)  
Mon - Fri, 7 a.m. - 7 p.m. ET

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.